



# The Essential Package of Health Services and Health Benefit Plans in Bangladesh



## About the health benefit plan crosswalk analysis

An essential package of health services (EPHS) is a broad policy statement that identifies the services that a government has prioritized. The government seeks to ensure that these essential services reach the population equitably. A health benefit plan (HBP) specifies an explicit set of services and the cost-sharing requirements for beneficiaries to access those services.

In 2015, the USAID-funded Health Finance and Governance (HFG) project completed a landscape analysis of the EPHS in the 24 USAID priority countries for Ending Preventable Child and Maternal Deaths (EPCMD).<sup>1</sup> The analysis found that the government in most of the countries intends for the public and/or private not-for-profit facilities in the country to deliver the services in the EPHS. It also showed that several governments were implementing major HBPs (such as social health insurance schemes) as a primary strategy for moving toward universal health coverage. Yet it remained unclear how the EPHSs and HBPs are formulated, how they are modified, and the extent to which they overlap.

HFG conducted a second landscape analysis in 2016 to identify existing HBPs in the countries, and the services they cover. It then did a crosswalk analysis – a mapping of items on one list to equivalent items on another list – of the services specified in the country’s EPHS and those identified in an HBP. This companion analysis to the EPHS country snapshot documented the degree of alignment between the EPHS and HBP.

This brief is for policymakers and program managers seeking to promote universal health coverage. It presents HFG’s findings and observations about the relationship between the services in an EPHS and the services covered in HBPs.

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<sup>1</sup> See HFG’s series of country snapshots on EPHS here: <https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/>

## The Essential Service Package in Bangladesh

The Government of Bangladesh refers to its EPHS as the Essential Service Package (ESP) which is implemented by both public and not-for-profit providers. The ESP was developed by the Government of Bangladesh in 1998 as part of its Sector Wide Approach Program and has been revised twice to reflect changing needs and priorities. Since the HFG EPHS country snapshot for Bangladesh was published in 2015, the Government finalized the second revision of the ESP in 2016. The current version includes basic health care for all priority disease conditions in Bangladesh.

Services listed in the ESP (both outpatient and inpatient) are focused on 'high impact' health services and are offered at public and at not-for-profit facilities that are fully or partially subsidized by the government or development partners. The major challenge for implementation of the ESP in Bangladesh is to equip all health facilities at all levels to ensure these health services are provided.<sup>2</sup>

## Health benefit plans in Bangladesh

The Shasthyo Surokhsha Karmasuchi (SSK) pilot scheme was introduced in 2013 by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW), with support from the German Development Bank (*Kreditanstalt für Wiederaufbau*, KfW) and the GFA Consulting Group.<sup>3</sup> As most outpatient services were already provided free or subsidized as per the ESP, SSK was designed to complement the EPHS to protect people from catastrophic health expenditure for inpatient services. Therefore SSK was designed with only hospital inpatient services at its initial stage.<sup>4</sup> An eight member SSK cell was created under the Health, Population and Nutrition Sector Development Programme. The cell was to carry out a pilot scheme that would start in one *upazila* (health district) and gradually scale up to all 489 *upazilas* in the country; 20,000 below-poverty-line (BPL) households were to be enrolled in the first year, 60,000 in the second, and 95,000 in the third year (GFA 2013).

Implementation was delayed, and the pilot is thus far operating in one *upazila* of Tangail district.<sup>5</sup>

In its initial stage (2012-16), the SSK scheme covers only BPL families identified through community-based poverty targeting. SSK charges member households that meet the poverty criteria a flat-rate contribution, which is paid by the government and funded by taxes. Members do not incur copayments at accredited *Upazila* Health Complexes (for basic services) and district hospitals (for referrals). In this initial stage, the SSK program has been designed for inpatient hospital care for selected 50 common health conditions (including medicines, diagnostics and referral based on clinical guidelines); no outpatient services are covered at this stage. The SSK cell selects a scheme operator through a competitive bidding process. The scheme operator registers members, issues health cards, and pays providers for claims on a per-case basis. The scheme operator is then reimbursed by the SSK cell (GFA 2013).

As a step toward achieving UHC, the Government of Bangladesh revised the list of services in its ESP to include basic health care for all priority disease conditions in Bangladesh (Ministry of Health and Family Welfare 2010). While HFG identified SSK as the major publicly financed HBP in Bangladesh, it is important to note that various nongovernmental organizations also offer HBPs to their clients. In the long term, the Health Care Financing Strategy envisions combining risk pooling, purchaser-provider split, autonomous providers, and a stewardship role for the MoHFW. The ultimate goal is to create a common pool of universal Social Health Protection comprising the noncontributory SSK and a contributory HBP for the formal sector (Saharty et al. 2015). The strategy aims to generate more resources for effective health services, improve equity and increase health care access, and enhance efficiency in resource allocation and utilization (Health Economics Unit, Government of Bangladesh 2013).

<sup>2</sup> Bangladesh Essential Health Service Package (ESP). Ministry of Health and Family Welfare. Government of the People's Republic of Bangladesh. August 2016. Accessed from [http://www.mohfw.gov.bd/index.php?option=com\\_docman&task=doc\\_download&gid=9484&lang=en](http://www.mohfw.gov.bd/index.php?option=com_docman&task=doc_download&gid=9484&lang=en)

<sup>3</sup> See SSK scheme website here: <http://sskcell.gov.bd/index.php>

<sup>4</sup> See SSK scheme website here: <http://sskcell.gov.bd/PDF/sskgl.pdf>

<sup>5</sup> See SSK pilot update here: <http://sskcell.gov.bd/bani.php?id=13>

### Methodology

HFG identified all major HBP operating in the country through a desk review of public domain sources found through web-based searches, including: government strategy documents, studies and reports, peer-reviewed journal articles, news articles, and gray literature. A list of sources reviewed is at the end of this document. HFG collected information across all 24 countries using a common template. We analyzed the HBPs operating in the country which:

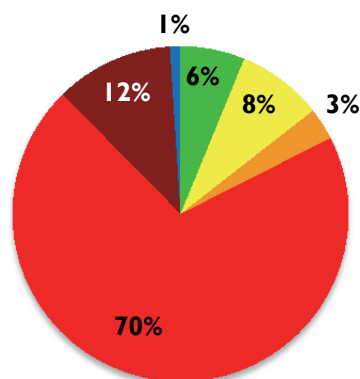
- ▶ are fully or partially publicly financed
- ▶ employ a risk-pooling mechanism to provide financial protection to beneficiaries when they access covered services

HFG determined whether the HBP had an explicit, published list of covered services. We compared services included in the government’s ESP to those in the HBP using Microsoft Excel. To indicate how each service included in the ESP relates to those in the HBP, we established a color-coded system as follows:

**TABLE 1: CLASSIFICATION SYSTEM FOR THE CROSSWALK ANALYSIS**

Service included in EPHS matches service included in HBP	
Service included in HBP fits within a broader category of services included in EPHS	Service included in EPHS fits within a broader category of services included in HBP
Service included in EPHS but not included in HBP	Service included in HBP but not included in EPHS
Service explicitly excluded from EPHS	Service explicitly excluded from HBP

### Main observations from the crosswalk



- ▶ Overall the services in Bangladesh’s ESP are different from the services in the HBP because the ESP was designed to provide “high impact” primary health care services for common health conditions and the SSK HBP was intended to complement the ESP by covering selected inpatient services.
- ▶ Communicable diseases such as HIV and TB are not included in the HBP. The ESP lists HIV-related services that are limited to selected sites and target populations and TB services that are available in select facilities.
- ▶ Normal delivery and some pregnancy complications are aligned under maternal health services. Supplements and counselling services are not listed in the HBP.
- ▶ Newborn and child health services are not explicitly cited in the HBP but some of these services may fall under the very broad category of “inpatient services,” listed in the HBP.

The above observations and the crosswalk below need to be interpreted carefully as the ESP and SSK programs under the Government of Bangladesh had different objectives from their inception. This analysis could aid policymakers to identify services not covered by either package, or maximize the effectiveness of services that are covered by both. This analysis may also be useful as the government considers adding outpatient services (drawn from the ESP) to SSK’s HBP.

The detailed crosswalk is shown below. The tables present the health services essentially as written in the official health policy documents, although HFG has edited them where necessary to maintain a consistent style across this series of country briefs.

Note that the generic term EPHS in the following tables refers to Bangladesh's Essential Service Package (ESP).

**TABLE 2: SSK CROSSWALK ANALYSIS**

Service listed in the EPHS	Degree of alignment between EPHS and HBP	Service listed in the HBP
<b>Family Planning and Reproductive Health</b>		
Family planning education and counseling	Service included in EPHS but not included in HBP	
Prevention of unwanted pregnancies through emergency contraceptive pill	Service included in EPHS but not included in HBP	
Fertility care services and treatment of infertility	Service included in EPHS but not included in HBP	
Reproductive health	Service included in EPHS but not included in HBP	
Menstrual regulation and management for minor gynecological problems, i.e., dysmenorrhea, menorrhagia, etc.	Service included in EPHS but not included in HBP	
Early detection of cervical cancer through visual inspection of cervix with acetic acid and screening for breast cancer	Service included in EPHS but not included in HBP	
Counseling and developing awareness of adolescents on personal hygienic practices, nutrition, puberty, anemia, RTI/STI [reproductive tract infections/ sexually transmitted infections], unprotected sexual activities, night sweats, drug addiction, accident, violence and sexual abuse	Service included in EPHS but not included in HBP	
Syndrome management of RTI/STI (counseling, diagnosis, and treatment), awareness creation on HIV/AIDS and condom promotion for married adolescents	Service included in EPHS but not included in HBP	
Providing consultation and treatment for some reproductive health-related problems of adolescents	Service included in EPHS but not included in HBP	
Iron supplementation and deworming of adolescent girls	Service included in EPHS but not included in HBP	
Full immunization of adolescent girls with five-dose tetanus toxoid vaccination	Service included in EPHS but not included in HBP	

Service listed in the EPHS	Degree of alignment between EPHS and HBP	Service listed in the HBP
<b>Malaria</b>		
Identification of malaria	Service included in HBP fits within a broader category of services included in EPHS	Cerebral malaria
Behavior Change Communication	Service included in EPHS but not included in HBP	
Distribution of Long-Lasting Insecticidal Nets	Service included in EPHS but not included in HBP	
Indoor residual spraying	Service included in EPHS but not included in HBP	
Diagnostic of malaria	Service included in EPHS but not included in HBP	
Treatment of uncomplicated malaria – first line	Service included in EPHS but not included in HBP	
Treatment of uncomplicated malaria –alternative lines	Service included in EPHS but not included in HBP	
Management of severe/complicated malaria	Service included in EPHS but not included in HBP	
<b>Tuberculosis</b>		
Identification of TB	Service included in EPHS but not included in HBP	
Education on causes, prevention and control of TB and other communicable diseases	Service included in EPHS but not included in HBP	
Case detection smear (+)	Service included in EPHS but not included in HBP	
Chemotherapy including DOTS	Service included in EPHS but not included in HBP	
Diagnostic & management of smear (-)	Service included in EPHS but not included in HBP	
Active case finding in OPD/community	Service included in EPHS but not included in HBP	
Preventive therapy of contacts	Service included in EPHS but not included in HBP	
Diagnosis of MDRTB	Service included in EPHS but not included in HBP	
Treatment of MDRTB	Service included in EPHS but not included in HBP	
Inpatient care of severe/complicated cases	Service included in EPHS but not included in HBP	

Service listed in the EPHS	Degree of alignment between EPHS and HBP	Service listed in the HBP
<b>HIV/AIDS</b>		
BCC	Service included in EPHS but not included in HBP	
Prevention of HIV infection at health facilities	Service included in EPHS but not included in HBP	
Etiologic management of STI	Service included in EPHS but not included in HBP	
Syndromic management of STI	Service included in EPHS but not included in HBP	
Referral for counselling and testing	Service included in EPHS but not included in HBP	
HIV Testing and Counselling (HTC)	Service included in EPHS but not included in HBP	
Prevention of Mother-to-Child Transmission (PMTCT) of HIV	Service included in EPHS but not included in HBP	
Anti-Retroviral Treatment (ART)	Service included in EPHS but not included in HBP	
Prevention and treatment of Opportunistic Infections	Service included in EPHS but not included in HBP	
Lab diagnosis and follow up of ART	Service included in EPHS but not included in HBP	
<b>Maternal Health</b>		
Safe delivery by trained service providers at home and at facilities with active management of 3rd stage of labor	Service included in EPHS matches service included in HBP	Delivery (normal and C-section)
Misoprostol for postpartum hemorrhage	Service included in EPHS matches service included in HBP	Postpartum hemorrhage
Magnesium sulphate for prevention of pre-eclampsia, and postpartum family planning	Service included in EPHS matches service included in HBP	Eclampsia toxemia
Post-abortion care	Service included in HBP fits within a broader category of services included in EPHS	Incomplete abortion
Identification of obstetrical emergencies and refer to higher facilities	Service included in HBP fits within a broader category of services included in EPHS	Pregnancy with complication (ectopic pregnancy*)
Postnatal care	Service included in HBP fits within a broader category of services included in EPHS	Retained placenta, perianal tear



Service listed in the EPHS	Degree of alignment between EPHS and HBP	Service listed in the HBP
Follow-up and compliant use of iron and folic acid by pregnant women	Service included in EPHS but not included in HBP	
Iron and folic acid supplements, postpartum vitamin A supplementation	Service included in EPHS but not included in HBP	
Education and counseling for pregnant and lactating women on topics such as personal hygiene and cleanliness especially during preparation of food and feeding of infants and young children, general nutrition, health and nutritional importance of deworming and consumption of micronutrient supplements	Service included in EPHS but not included in HBP	
Nutrition education for mothers, adolescent girls, newlywed women	Service included in EPHS but not included in HBP	
Individual counseling of parents for concerning child growth and development, child care, immunization etc.	Service included in EPHS but not included in HBP	
Pregnant women counseling for self-care, well-being and health factors, food etc.	Service included in EPHS but not included in HBP	
Referral for severe acute malnutrition and other illness of pregnant women antenatal care, postnatal care	Service included in EPHS but not included in HBP	
	Service included in HBP but not included in EPHS	Hysterectomy

\*Listed separately in HBP

### Newborn Health

Management of newborn resuscitation (Helping Babies Breathe) and newborn sepsis, birth asphyxia, low birth weight	Service included in HBP fits within a broader category of services included in EPHS	Sepsis
Infant and Young Child Feeding Counseling for exclusive breast feeding until 6 months of age	Service included in EPHS but not included in HBP	
Management of acute malnutrition	Service included in EPHS but not included in HBP	
Health education for mothers on cleanliness, nutrition, danger signs of both mother and baby, umbilical cord care, breast feeding, thermal control, EPI etc.	Service included in EPHS but not included in HBP	
Regular growth monitoring for children under 2 years of age	Service included in EPHS but not included in HBP	
Identification and referral of sick newborns to UHC/district hospital and proper management	Service included in EPHS but not included in HBP	

Service listed in the EPHS	Degree of alignment between EPHS and HBP	Service listed in the HBP
Address sick child through IMCI including acute respiratory infection/pneumonia, diarrhea, malnutrition, fevers etc.	Service included in EPHS but not included in HBP	
Routine eye care	Service included in EPHS but not included in HBP	
Special care of pre-term and low birth weight baby	Service included in EPHS but not included in HBP	
<b>Child Health</b>		
Provision of zinc in addition to oral rehydration salts during treatment of diarrhea	Service included in EPHS matches service included in HBP	Diarrhea with severe dehydration
Limited curative care for eye, ear, skin infection/worm infestation etc.	Service included in HBP fits within a broader category of services included in EPHS	Eye infection
Growth monitoring and promotion	Service included in EPHS but not included in HBP	
Integrated management of childhood illness	Service included in EPHS but not included in HBP	
Expanded Program on Immunization (pneumococcal vaccine, rotavirus vaccine, birth dose of hepatitis B vaccine, dT vaccine, rubella vaccine)	Service included in EPHS but not included in HBP	
Provision of deworming medication	Service included in EPHS but not included in HBP	
Management of severe acute malnutrition and community management of acute malnutrition	Service included in EPHS but not included in HBP	
Zinc supplementation during treatment of diarrhea	Service included in EPHS but not included in HBP	
Management of drowning, injuries and accident	Service included in EPHS but not included in HBP	
<b>Other Communicable Diseases</b>		
Management of acute respiratory infection/pneumonia at 1st-level facilities	Service included in EPHS matches service included in HBP	Respiratory tract infection: Severe pneumonia, acute exacerbation of asthma, chronic obstructive pulmonary disease, lung abscess
Identification of emerging and reemerging diseases and refer to higher facilities	Service included in HBP fits within a broader category of services included in EPHS	Helminthic diseases
Identification of pneumonia	Service included in EPHS fits within a broader category of services included in HBP	Severe pneumonia



Service listed in the EPHS		Degree of alignment between EPHS and HBP	Service listed in the HBP
Communicable disease detection		Service included in EPHS but not included in HBP	
Identification of life threatening influenza		Service included in EPHS but not included in HBP	
<b>Drugs</b>			
List of over 100 items including vaccines, alternative family planning commodities and most regimes for TB		Service included in EPHS fits within a broader category of services included in HBP	All drugs required for inpatient care for the selected diseases in the HBP (as per clinical guidelines)
<b>Non-Communicable Diseases</b>			
		Service included in HBP but not included in EPHS	Cardio-vascular diseases: Myocardial infarction, hypertension with complication, rheumatic fever with complication
		Service included in HBP but not included in EPHS	Urinary system: Acute glomeronephritis, nephrotic syndrome, acute pyelonephritis, acute urinary retention
		Service included in HBP but not included in EPHS	Severe anemia
		Service included in HBP but not included in EPHS	Neurological diseases: Acute Flaccid Paralysis (AFP)
		Service included in HBP but not included in EPHS	Gastro-intestinal diseases: Acute bloody dysentery, acute hepatitis, acute abdomen, enteric fever, chronic liver disease
		Service included in HBP but not included in EPHS	ENT diseases: Tonsillectomy, deviated nasal septum
<b>Other</b>			
<b>Emergency services</b>	First aid of common injuries	Service included in HBP fits within a broader category of services included in EPHS	Burn, injury and others**
	Basic laboratory services	Service included in EPHS fits within a broader category of services included in HBP	All required laboratory services for inpatient care for the selected diseases in the HBP (as per clinical guidelines)
<b>Diagnostic services</b>	Radiology and imageology	Service included in EPHS matches service included in HBP	All required radiology and imaging services for inpatient care for the selected diseases in the HBP (as per clinical guidelines)

Service listed in the EPHS		Degree of alignment between EPHS and HBP	Service listed in the HBP
Inpatient, generic	Treatment of minor ailments	Service included in EPHS but not included in HBP	
	Behavior change communication to promote good nutritional practices	Service included in EPHS but not included in HBP	
Other public health services	Control of iodine deficiency disorder and salt iodization program	Service included in EPHS but not included in HBP	
	Improved supplementary food (Pushti Packet) for selective and targeted population groups	Service included in EPHS but not included in HBP	
	Vitamin D, calcium supplementation	Service included in EPHS but not included in HBP	
	Registration of birth, death and marriage	Service included in EPHS but not included in HBP	
Surgical services		Service included in HBP but not included in EPHS	Surgical: Appendectomy, perforation of peptic ulcer, hernia, hydrocele Orthopedic surgery: Bone fracture
		Service included in HBP but not included in EPHS	Cataract
Specialized services		Service included in HBP but not included in EPHS	Chronic fever: Cerebral malaria, kala azar, dengue, pyrexia of unknown origin
		Service included in HBP but not included in EPHS	Poisoning (unknown, organophosphate compounds, sedative, food poisoning)
Outpatient, generic		Service explicitly excluded from HBP	Not covered

\*\*Reviewer categorized these services under emergency



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#### About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a six-year (2012-2018), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit [www.hfgproject.org](http://www.hfgproject.org).

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